

DECLARATION FOR PATENT APPLICATION

Docket: AUS-1828-AL

As a below-named inventor, I hereby declare that:

My residence post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "IMPROVED SURGICAL CLIP", specification of which:

(check one) ☒ is attached hereto
☐ was filed on _____ as US Application Serial Number or PCT International Application
 Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)			Priority Not Claimed
_____	_____	_____	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60/151,496	August 30, 1999
(Application Number)	(Filing Date)

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT International application designation the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

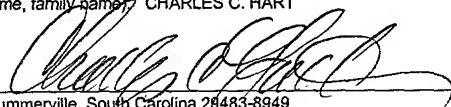
PCT/US00/40773	August 30, 2000	Pending
(Application Number)	(Filing Date)	(Status -patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Richard L. Myers, Registration Number 26,490; address all telephone calls to: Richard L. Myers at telephone number (949) 713-8200; address all correspondence to: Richard L. Myers, 22872 Avenida Empress, Rancho Santa Margarita, California 92688

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): CHARLES C. HART

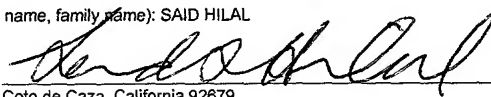
First Inventor's signature
 Residence
 Post Office Address


 Summerville, South Carolina 29483-8949
 237 Marvin Gardens

Date 01-10-02
 Citizenship U.S.A.

Full name of second joint inventor (given name, family name): SAID HILAL

Second Inventor's signature
 Residence
 Post Office Address


 Coto de Caza, California 92679
 23831 Via Roble

Date 01-15-2002
 Citizenship U.S.A.

Full name of third joint inventor (given name, family name):

Third Inventor's signature
 Residence
 Post Office Address

Date _____
 Citizenship _____

Full name of sole or fourth inventor (given name, family name):

Fourth Inventor's signature
 Residence
 Post Office Address

Date _____
 Citizenship _____

Full name of Fifth joint inventor (given name, family name):

Fifth Inventor's signature
 Residence
 Post Office Address

Date _____
 Citizenship _____

Full name of sixth joint inventor (given name, family name):

Sixth Inventor's signature
 Residence
 Post Office Address

Date _____
 Citizenship _____

Full name of seventh joint inventor (given name, family name):

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Orange

ss.

On

1/10/02

Date

before me,

Gabia Pakstys

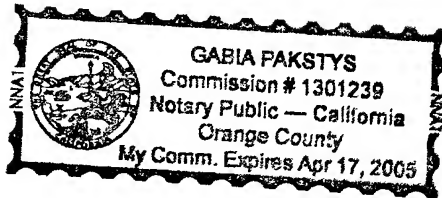
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Charles C. Hart

Name(s) of Signer(s)

- ☒ personally known to me
☐ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Gabia Pakstys

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer

Signer's Name:

- ☐ Individual
☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

STATE OF California /

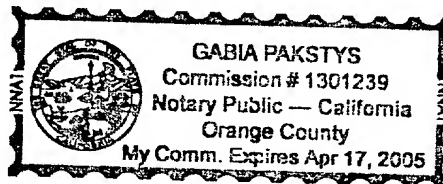
COUNTY OF Orange /

On 1/15/02, before me Gabia Pakstys personally appeared SAID HILAL personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature

Gabia Pakstys



SEAL

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Orange

SS.

On

1/15/02

Date

, before me,

Gabin Pakstys

Name and Title of Officer (e.g., 'Jane Doe', Notary Public)

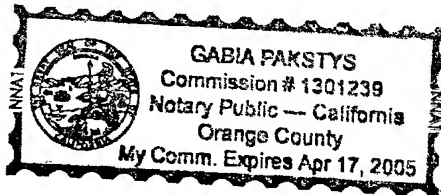
personally appeared

Said Helal

Name(s) of Signer(s)

☒ personally known to me

☐ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Gabin Pakstys

Signature of Notary Public

Place Notary Seal Above

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Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer

Signer's Name:

☐ Individual

☐ Corporate Officer — Title(s):

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other:

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here